

*Next Meeting – Monday, September 11, 2006  
Appoquinimink State Service Center  
Middletown, Delaware*

**STATE COUNCIL FOR PERSONS WITH DISABILITIES  
BRAIN INJURY COMMITTEE  
July 12, 2006 – 2:00 PM  
BEAR LIBRARY  
BEAR, DELAWARE**

**PRESENT:** John Goodier, Chair; Brian Hartman, Co-Chair; Dianne Bingham, DPC; Ray Brouillette, Easter Seals; Jim Burcham, Consultant, BIA of DE; Norwood Coleman, DSCYF; Dr. Jane Crowley, A.I. DuPont Hospital; Adam Fisher, DOE; Malik Harris, DelArf; Linda Heller, DSAAPD; Tony Horstman, SCPD; Walt Mateja, DPH; Michael Merrill, VR/U.S. DVA; Tom Parvis, DVR; Al Rose, DDC; Beverly Stapleford, CDC; Kyle Hodges, Staff; and Linda Bates, Staff Secretary

**ABSENT:** Dr. Jackie Christman, DPH; Virginia Corrigan, Christiana Care; Aaron Deede, Consumer; Ellen deVrind, Christiana Counseling; Dr. Dan Keating, Bancroft Neurohealth; Janet Leitch, Consumer; Chris Long, DDDS; Beth Mineo Mollica, DATI; Ann Phillips, Parent; Liz Schantz, Consumer; Dawn Stewart, Healthy Living, and Wendy Strauss, GACEC;

**GUESTS:**

Kevin Charles, Executive Director, DIAA  
Allan Zaback, Director, DSAAPD  
Lawrence Smith, Deputy Director, DSAAPD  
Scott Ponaman, DSAAPD Consultant

**CALL TO ORDER**

The meeting was called to order at 2:00 PM.

**APPROVAL OF MINUTES**

Motion was made, seconded and approved to accept the June 5, 2006 meeting minutes as submitted.

**AGENDA ADDITIONS/DELETIONS**

There were no additions or deletions to the agenda.

## **BUSINESS**

### **ABI Waiver Update**

Larry Smith, the DSAAPD Deputy Director, reported the following:

- Larry addressed the “disconnect” between the DSAAPD letter and DMMA public notice.
- DSAAPDs initial intention, while writing the amended waiver, was to place ABI type services into the waiver. However, because of the timeline of 56 working days, and having to submit it also to DMMA, it was not possible to submit to CMS by the deadline of June 30<sup>th</sup>.
- The first thing that DSAAPD intends to do in looking at the AL (Assisted Living) waiver is to amend it. The intentions are to make sure that those currently in Peach Tree will have their assisted living services and add the acquired brain injury services in order to meet their needs.
- The second step is to amend the Elderly and Disabled (E&D) waiver. Because this reaches a broader population, we want to make sure that those people with acquired brain injury would also be able to receive the brain injury services in the community.
- Brian asked what the timeline will be for the waiver amendments to be submitted?
- Larry responded that the target date for the entire project to be completed is March 2007. We have developed a number of surveys to be passed around the country. Scott commented that there are a total of 15 states that have an actual ABI or a TBI waiver. This survey has been completed. The second part is a survey that Scott will distribute to this committee today.
- Brian asked for a timeline, not a specific date. Kyle asked for a timeline for the approval of the amendments. John asked for various completions dates.
- Scott explained the process. They met with CMS to talk about our extension request and they basically knew our strategy on working with the ABI population. They asked us to leave the ABI population out of the renewal discussion application.. At that time, they wanted an expedited submission of our renewal. A draft was submitted to CMS so they could give us feedback. We have incorporated their recommendations into the final document so when the final version was submitted it would enable us to expedite the process which is normally a 90-day renewal process from the time they receive the document. CMS will not accept any amendment requests until the 90-day process is formally completed and they give us their stamp of approval on the renewal.
- We have developed and implemented a structured process to get the work done. We are committed to amending the parallel tracts of the AL and E&D waivers with similar benefits but specifically defining using medical appropriateness or necessity criteria to meet the defined population needs. This is different in the AL waiver because people live in the Assisted Living facility whereas as thee E&D waiver addresses the needs of people who live in the community. Workgroups have been implemented with very specific charters and objectives to expedite the process of doing an assessment. We really want to understand, from a perspective

of the benefit or services that we want to implement, how they are defined in programs that are up and running successfully, what do the services include, how are they defined and who are the providers that are delivering those services. As Larry has indicated, we have completed the National Survey. Our goal is not only to get an understanding of what is working well, but also, because they are State programs, they are willing to share a lot of what they have done already--in terms of defining benefits and implementing them and accessing the providers who are able to deliver the benefits. This helps us to expedite our process.

- In Delaware, we are trying to gain a complete comprehensive understanding above and beyond what was done preliminarily in the original waiver request. We are surveying the nurses and case managers who currently provide services to the ABI population who may be in the E&D waiver as well as those in the AL waiver. We are also interviewing the nurses at the Peachtree facility about what the needs are of the population who reside in that facility. We are also going to conduct a focus group with family members at the facility. We are interviewing the nurses and case managers who serve the ABI clients who are in the E&D waiver to get a better understanding of peoples' needs living in a home environment.
- We also have developed a survey tool that will be left with the BIC today. This survey has two particular areas of focus—how we define the population both in terms of who is included, but also who is excluded from the population, so that when you develop medical necessity or appropriateness definitions you are very specifically helping people make informed decisions about who in fact we are trying to provide services to. We want to ask the BIC for assistance on a frequent basis by keeping you updated and by coming to get your input so we are making more informed decisions about the services, benefits and providers. The survey and analysis work and looking at the provider community versus what we have available in Delaware versus what we need to go out and recruit will be completed in the next 45 days. Also, services will be looked at in other adjacent states, NJ, and Massachusetts to see if they can offer services in Delaware.
- An analysis and interview process has been completed to gain a better understanding of who the ABI clients are that are living in NJ and Massachusetts.. We want to know what services they are providing that we don't have in Delaware so we can start to bring people with brain injuries back home.
- All this be provided at the end of the 45-day period to a Finance and Provider work group. They will conduct a feasibility assessment. This will make sure that as we add the benefits, we can maintain the federal requirements of cost or budget neutrality. When these services are delivered, this has to be less expensive than someone living in a nursing facility. Timeline: 30-60 days.
- Next, we have to work on the providers reimbursement issues to say: "Do we have what it takes in place today to pay providers fairly for the types of services that we are looking to implement. If not, do we need to modify or develop any alternative solutions for the benefits that we want to deliver?" Timeline: 30-60 days.

- After the two workgroups tasks are completed, we need to sit down with CMS, Allan Zaback, Larry Smith, and Harry Hill (Director of Medicaid) to determine what CMS requires of us.
- Scott said that he has done a lot of work by looking at the BIAD website, international studies (University of Chicago) and the National Brain Injury Association in terms of how they define the ABI population. In Delaware, the healthcare is delivered locally so we really count on the BIC input to help us make informed decisions.
- Brian asked if there is any new money in the FY '07 budget that was just adopted that would assist with implementation of this, or are you envisioning this to be implemented in FY '08, or will it be budget neutral.
- Allan replied that we are going to be able to use the State funds that were set aside from the ABI waiver, \$700,000+, which resides now with DMMA. In the original plan, those state funds were suppose to be matched with Medicaid funds to enable us to provide services to close to 50 individuals. Once we identify the providers and once we can get them cleared as Medicaid providers, hopefully we should get the program up and running. Therefore, it could be implemented before the end of FY 07.
- Kyle asked if you don't use this entire \$700,000+, can it roll over into the next year? Allan said "no"; however, we do get renewed each year.
- Brian asked if we have enough open approved slots from the Feds for both waivers in order to do this without filing an amendment? Larry and Scott replied "yes". Scott and Allan said that there are almost 1,300 E&D slots.
- Scott said that the work that we have just done with the AL waiver is huge in terms of meeting the accountability requirements holds us to – this is brand new is in terms of oversight and the relationship of DMMA and DSAAPD. With all this work done, we have laid a lot of the foundation of what CMS will ask of us. They will want to know from a quality prospective how we are going to monitor and report on these new services. We have an infrastructure that CMS has already reviewed and given us feedback that they were very impressed. A good collaborative relationship with DMMA has been established.
- Kyle asked about the issue that Brian has shared with Scott at an earlier meeting, i.e. that is when the medical necessity criteria is defined, will that open up the services to everyone? Scott replied that for the E&D waiver you are required to meet the financial and one activity daily living assistance requirements. Then, you develop a requirement for everybody who has acquired brain injury diagnosis - a lot of guidelines and technical consultants are being brought into the process of defining the services for people with ABI/TBI - the targeted population. CMS recommended this process to us.
- Jane asked what age this targeted population begins? Does the injury have to be acquired after the age of 18? Larry will get back to Kyle with an answer. Kyle will send the answer out to all.
- Allan replied that DSAAPD are working closely with DMMA and DDDS. DSAAPD will get this done this year. Allan has been sharing the progress with the Cabinet Secretary, Vince Meconi, who is very committed to this project. Everyone will be kept updated and in the loop this time around.

- Brian expressed a concern of level of care for TBI from mild to moderate and then severe. Both the AL and E&D waivers require a nursing level of care to be met. A lot of people with TBI may not meet that medical criterion which is going to exclude a lot from waiver services. Is that on the table to reduce the level of care from nursing level to something else?
- Scott responded that basically Brian is right. However, Delaware's E&D waiver is much more flexible than most other states. You only have to meet a requirement that the disability affects only one ADL (activity of daily living). Allan said that this initiative is something that they will have to look at down the road to make sure that we are serving the neediest of the population.
- Jane asked if the financial eligibility issues with qualifications for services are at the Medicaid level? Allan responded that this is a Medicaid waiver. Scott will verify the medical eligibility and send to Kyle who will forward to the whole BIC.
- Allan said that the survey is a start and the next part of the process is to identify more providers. Malik from DELARF, Tom from DVR and Mike from the VA will help by providing their provider lists.
- Larry commented that they appreciate the BIC's constructive feed-back. Meetings will be set up with John, Brian and Kyle to keep them updated on the progress. And, then we will come back to the BIC and keep you updated also. Please feel free to call us with any questions.
- Scott explained the survey to all. Kyle asked for this survey be e-mailed to him to forward to all. The due date is July 21st.
- A sub-group from the BIC was selected to meet to discuss the survey—July 18<sup>th</sup> at 1 pm at Jane's office--Brian Hartman, Jane Crowley, Adam Fisher, Al Rose, Tom Parvis, Mike Merrill and maybe Linda Heller. A BIC contact list will be sent from Kyle to Larry and Allan.

**Concussion Card “Roll Out” – Kevin Charles, Executive Director, Delaware Interscholastic Athletic Assoc. (DIAA)**

Kevin Charles gave us the following overview of the Delaware Interscholastic Athletic Association:

- It is non-profit association of member schools housed in the Dept of Education. There are ninety member middle and high schools with a couple more being added this year. 100% of the public schools are members and a vast majority of private schools that participate in interscholastic athletics.
- Our mission is to promote the educational significance of interscholastic athletics. We believe that there is a value to participating in athletics in an educational setting and there are life lessons learned to make students better citizens, spouses and parents and be more productive in society.
- Another of our missions is to promote the welfare of participants and have the athletic contest to be conducted in as safe a manner as possible. They work with the National Federation of High Schools who are the “playing rule” writers. There is a Sports Medicine Advisory Committee (SMAC) which consists of various

medical disciplines throughout the State. The SMAC has a major impact on playing rules.

- The DIAA is not funded by the General Assembly but is totally dependant on their revenue from ticket sales from the State championships. State Championships are conducted in 23 different sports, the member schools pay dues and there are small contracts through corporate partners.
- Staff consists of three persons and depends on volunteers through various committees.
- The mission is accomplished through a set of regulations - our member schools tell us that they want enforced. The regulations affect things such as eligibility (kids playing kids), academic eligibility, conduct of contestants, officials, coaches and the development of playing rules and policies and guidelines.

Kyle thanked Kevin for attending. Kyle also stated that as well as advocating for services for people with brain injuries, we are promoting prevention of brain injury. At this time, we have 900 concussion cards and we are trying to the target audience and the best approach to reach that audience.

Jane Crowley said that the early detection and appropriate management of the injury — sideline management and management beyond the sideline. Jane emphasized that not having the correct detection right from the sideline and allowing an athlete to go right back into a game can have life long debilitating consequences for these athletes. At the AI DuPont hospital, they see a significant proportion of children after they have been dinged two or three times.

Dianne asked if the coaches have to have any special training to become a coach? Kevin replied “no”. There is no mandatory certification program for coaches. Officials do and we provide training for the athletic directors. Kevin noted that a significant number of coaches are not trained educators by profession. The National Federation has been working on a Coaches Education Program. This program does cover when to recognize concussions and when to put a player back into the game. Kevin would love to implement this in Delaware; however, funding and staffing would have to be provided. All coaches have to be school board approved per Kevin. Kevin noted that in youth sports there is less control over coaches and how the athletes are handled by the coach.

Kevin said that the Center for Disease Control got concussion kits out to the high schools about a year ago. Jane noted that when she gave a presentation at Kevin’s last meeting, she asked if anyone had received the above concussion kit. And, only about 10 people out of about 50-60 people at this meeting had a level of awareness that they had gotten the kit.

Jane said that we were trying to do this at the direct “contact” level—the athletic directors and coaches are the folks who are involved in the daily play. Instead of making this another paper that they get, can we partner directly with your organization to make concerted efforts to get out the education whether it is printed, live, or video along with the cards so that they understand why this is so important.

Kevin noted that there is a certified athletic trainer at most varsity contact sporting events. Most coaches will turn the player over to the certified athletic trainer to tell them when the player can return to the game. At sub-varsity or away games, they may not have a certified athletic trainer with them. The athletic trainers would like a law that an athletic trainer be mandatory at every athletic event.

Kyle noted that we need to focus on distributing the cards. Jane asked if we could have some time at the next Athletic Director's meeting to show the video, etc. Kevin suggested that the Rules Clinic's (held in August), which are mandatory for the coaches, would be a good avenue. The October meeting is for the Delaware athletic directors. Also another good avenue is to attend the Delaware Athletic Trainers Association (DATA) and the SMAC meetings. Kyle asked Kevin to be the point person to contact all of the organizations so we could get on the agenda. A follow-up survey could be provided by partnering with Kevin. Kevin will provide Kyle with the dates of these various committee/association meetings. Kevin suggested that maybe you could "train the trainer" as Kevin or his assistant are at all the meetings.

Kevin suggested that since there are a limited amount of cards, you may want to focus on contact sports—football, basketball, soccer, hockey, wrestling and cheerleading (which is not recognized now as a sport).

Kevin noted that we may need more cards. Youth sports need to be targeted also—starting with football and soccer.

### **PATI Report**

Brian highlighted some bills that were or were not enacted on in the June 30<sup>th</sup> legislative session.

#### **I. Assisted Living Waiver**

Consistent with a June 23, 2006 DSAAPD letter, the Division promises to provide enhanced benefits for the ABI population through its Assisted Living (AL) Medicaid Waiver. In pertinent part, the letter recites as follows:

Those within the Assisted Living (AL) Medicaid Waiver population diagnosed with an Acquired Brain Injury will have enhanced benefits offered to them through the existing AL Waiver program. This may include such benefits as Adult Day Care and Cognitive Behavioral Health. The Division of Medicaid and Medical Assistance (DMMA) and the Division for Aging and Adults with Physical Disabilities (DSAAPD) will develop and submit a waiver amendment request to CMS.

In contrast, DMMA published information on its renewal application for the same waiver on July 1, 2006. See attached DMMA Public Notice, 10 DE Reg. 56 (July 1,

2006). DMMA confirms its present intention to adopt no changes in benefits or the population served by the waiver during the 5 year renewal period (October 1, 2006 - September 30, 2011):

The State of Delaware is in the process of renewing its home and community-based waiver for assisted living. The State intends no changes in benefits or the population served during the renewal period.

The “disconnect” between the DSAAPD letter and DMMA was explained earlier in the meeting. This information will be shared the same information with the SCPD Policy & Law Committee on July 13 in anticipation of submitting comments in response to the DMMA solicitation and discussion today

## II. Legislative Developments

Several bills of interest to the Brain Injury Committee were addressed by the General Assembly prior to end of the legislative session on June 30. The following are some key initiatives.

### A. S.B. No. 58 (Child Helmets)

After passing the Senate in 2005, the House deferred action on this bill which was laid on the table on June 15. I recommend reintroduction in 2007 and using the balance of 2006 to gather more supporting materials and endorsements. We will also need to identify a new House prime sponsor given the retirement of Rep. Buckworth. Rep. Oberle is a possibility.

### B. H.B. No. 355 (DSAAPD Eligibility)

This legislation was an initiative of the SCPD. We negotiated with DHSS to reach consensus on language. It passed the House on June 8, passed the Senate on June 28, and was signed by the Governor on June 30. It eliminates a DSAAPD eligibility restriction which barred access to any DSAAPD program if an applicant was eligible for case management services from other agencies (including DVR and DDDS).

### C. S.B. No. 270 (Drugged Driving)

Consistent with a June 30 News Journal article, this bill passed the House and Senate and was signed by the Governor on June 30. This is TBI-prevention related legislation. However, as noted in the May PATBI report, the SCPD expressed concern that it could unfairly impact persons with disabilities with valid prescriptions for amphetamines (e.g. Ritalin; Adderall). There were no amendments to address those concerns.

### D. H.B. No. 412 (Admissibility of Health Care Provider Statements)



Consistent with the May PATBI report, the SCPD opposed this bill which barred introduction of inculpatory statements by health care providers. This would have adversely affected the ability of TBI victims to seek monetary damages through the court system. In response, a “scaled back” substitute bill was introduced which passed the House on June 20 and the Senate on July 1. The substitute bill contains an exclusion for expressions or admissions of liability or fault.

E. H.B. No. 446 (Health Insurance for Young Adults)

Consistent with the June PATBI report, the SCPD endorsed this legislation subject to consideration of two minor amendments. The bill would enhance the availability of health insurance for young adults (up to age 24). This age group is subject to a disproportionate incidence of TBI. The bill passed the House on June 20 and passed the Senate on July 1. As of July 9, it awaited the Governor’s signature.

F. H.B. No. 438 (Health Insurance Arbitration)

Consistent with the June PATBI report, the SCPD endorsed this bill which would have established a low-cost arbitration system to resolve disputes between medical providers and health insurers. The bill passed the House on June 29 but was not heard in the Senate. I suspect it will be reintroduced in 2007.

Brian noted that Blue Cross/Blue Shield, the Medical Society, dentists and chiropractors supported this bill.

G. S.B. No. 41 (Equal Accommodations & Fair Housing)

This bill, and its predecessor, took approximately 4 years to achieve enactment. The DLP drafted amendments to the predecessor legislation which were incorporated into S.B. No. 41. The changes are significant. For example, the equal accommodations statute, which prohibits discrimination based on disability, can now be applied to public agencies (e.g. school districts). Moreover, court enforcement of settlements and Human Relations Commission decisions is enhanced. The bill, with some minor amendments, passed the Senate on June 29, passed the House on June 30, and was signed by the Governor on June 30.

Brian gave an example. There was a camp program co-sponsored by the YMCA and a school district and they would not let a child with a disability into the program saying that he was “too needy”. We filed a complaint with the Human Relations Commission and it was settled by letting the child into the summer camp program. So, this can be done again.

H. H.B. No. 256 (Teen Drivers)

Although several bills were introduced addressing teen drivers, the Legislature eventually adopted H.B. No. 256 as the vehicle to effect restrictions on teens. Consistent

with a June 16 article, the Legislature abandoned the idea of requiring “new driver” stickers on vehicles. A June 28 News Journal article provides background on the legislation. The bill has the following effects: 1) it raises the minimum age to obtain a learner’s permit to 16; 2) it requires the driver with the permit to complete a 12 month driving experience prior to obtaining a license; 3) the permit holder must drive under supervision for the first 6 months of the 12 month period during which time the holder must complete at least 40 hours of daytime driving and 10 hours of nighttime driving; 4) the permit holder may drive unsupervised after 6 months between 6 a.m. and 10 p.m. with the exception of traveling to and from church, work, and school; and 5) restrictions on the number of passengers in the vehicle are imposed.

The bill includes some provisions recommended by the SCPD in connection with related legislation (e.g. cross referencing existing seat belt and child safety seat statutes; adopting the 6 a.m. to 10 p.m. standard).

Linda noted that the Trauma System Committee reported that the driver licensing bill, since it was passed a year ago, is estimated at saving the lives of 17 teenagers in Delaware.

### III. TBI Recovery Article

A July 4 News Journal article contains some promising information in the context of the long-term healing process for TBI. A 42 year old auto accident victim who was barely conscious for 20 years regained speech and movement after his brain developed new synapses at a “glacial pace”.

Brian noted that the rule of thumb is that, after five years, you don’t have any improvement in brain injury. So, this is very helpful.

### IV. Rehoboth-Dewey Cyclist Safety Program

A July 7, 2006 News Journal article describes an awareness campaign in Sussex County designed to promote safe cycling. Despite the availability of free helmets, foreign summer workers are disinclined to wear them since they do not see others wearing them:

Serge Alekhin, 18, of Russia, works with Prokudina, and said when they came to Delaware to work many people told them to wear helmets. But they don’t wear them because they don’t see any other bikers wearing them.

Papkova also said she does not wear one in her trek across Del. 1 because no one else in the area does.

National studies have found that peer pressure is an important influence on the prevalence of bike helmet use.

The article contains Beebe Medical Center statistics on serious bicycle accidents in the last several years. The Committee may wish to solicit information from Beebe for 1-2 years (e.g. 2004 and/or 2005) on the following: 1) ages of victims; and 2) number/percentage wearing helmets. The information may assist with reintroduction of a S.B. No. 58 clone in 2007. The solicitation would also share the DPH endorsement and seek Beebe's support for reintroduction of legislation to increase the helmet requirement for bikes and motorized scooter/skateboards. This might assist with garnering some downstate co-sponsors for the bill.

Brian noted that he thought that it would be helpful if we contacted Beebe Medical Center to see if they could give us the victims' ages, the number wearing helmets so we can see if this would help to justify our bill. Brian asked Jane if AI DuPont could come up with some stats also. Linda Heller will e-mail the name of a contact from Beebe.

#### V. Motorcycle Helmet Articles

Brian provided two recent articles involving injuries linked to failure to wear helmets.

First, in a highly publicized accident, the Pittsburgh Steelers 24 year old Super Bowl quarterback was injured in a motorcycle accident last month. He was riding a 2005 Suzuki Hayabusa described as "the world's fastest bike for legal street riding" without a helmet and flew into a windshield of an automobile. I attach June 13 and 15 articles describing the events.

Second, Brian provided a July 7 News Journal article describing a local accident in Bear in which rider without a helmet clipped a vehicle and was thrown to the shoulder of the road. He was riding without a helmet.

Brian noted that Pennsylvania took away the "helmet" requirement law.

#### TBI Implementation Grant Update

Walt, DHSS/DPH, gave the following overview:

- DPH is interviewing for the staff person which should on board next month.
- A first quarter report is due in August.

Kyle asked Walt if there are funds in the grant for a conference? Walt replied, yes, there is \$5,000 available. Brian noted that the BIA is going to use some of that money for its October conference. There is a question if the \$5,000 can be used for the DOE TBI training conference. Sub contracting it to a different party could be a way around it.

Jim Burcham, BIAD, gave the following overview:

- The BIAD monthly report hand-out was distributed to the Committee.

- The BIAD office is up and running.
- The BIAD home page hand-out was distributed also. Jim noted that on the second page, there is a list of useful internet links. Brian asked that links be added to the Community Legal Aid Society and the Delaware Developmental Disabilities Council.

Bev Stapleford, CDC, gave the following overview on the needs assessment:

- Contracts have been signed.
- A contract will be written for the person who will be performing the work, Ann Phillips, within the next week. The contract will be for one year.

Jane asked Bev if there are going to address children with TBI included in the needs assessment as opposed to just an adults. Bev said that she did not get an age requirement and they are going to be talking to providers, not families. As far as Bev knows, it should cover the life span.

## **ANNOUNCEMENTS**

- The Police training will be deferred to another meeting.
- Linda Heller passed out information on the re-creation of an accident scene at the Delaware State Fair.
- Jane announced that the AI DuPont hospital has become a Level 3 trauma center. Jane will go into more detail at the next meeting.
- The August 7<sup>th</sup> BIA meeting will be canceled. Staff will e-mail all BIA members.
- The next meeting will be September 11 at 2 pm at the Appoquinimink State Service Center in Middletown.
- Jim Burcham announced that the BIAD will again be participating in the Summer Institute. The BIAD will be offering a half-day workshop - "Identifying Individuals with Traumatic Brain Injury" – Monday, July 24 from 1:30-4:30 pm at the Summer Institute on Substance Abuse and Mental Health at Clayton Hall, University of Delaware, Newark, DE. Jim Burcham and many others will be part of this. Jim stated that this is the "go to place" for professionals in the mental health/drug abuse areas. CEUs will be given for attending.

## **ADJOURNMENT**

The meeting was adjourned at 4:20 PM.

Respectively submitted,

Kyle Hodges  
SCPD Administrator

